



**Instructions for Completing the TB Class Follow-up Worksheet:**

The TB Follow-up Worksheet is used to document the initial evaluation of an arrival with a TB Class Condition. A complete evaluation requires a diagnosis and, when indicated, a treatment start date.

<b>Sections A &amp; B</b> Demographic & Jurisdictional	<ul style="list-style-type: none"> <li>• Pre-populated.</li> </ul>
<b>Section C</b> <b>U.S. Evaluation</b>  ▪ TST and/or IGRA	<ul style="list-style-type: none"> <li>• Record date of the initial evaluation.</li> <li>• Administer a tuberculin skin test (TST) unless the results of overseas TST are reliable.</li> <li>• Record the TST date, mm induration (not redness), and interpretation.             <ul style="list-style-type: none"> <li>• <i>For persons with TB Class B1 Conditions or TB-related abnormalities on CXR, <math>\geq 5</math> mm is considered positive.</i></li> </ul> </li> <li>• Record date and results of IGRA test (QFT® or T-SPOT®), if used.             <ul style="list-style-type: none"> <li>• <i>IGRAs are not yet widely available in MN.</i></li> </ul> </li> </ul>
▪ Review of Overseas CXR  ▪ Domestic CXR  ▪ Comparison	<ul style="list-style-type: none"> <li>• Arrivals should bring their overseas CXR film(s) with them to their exam. Record <u>your</u> (or your radiologist's) interpretation of the overseas CXR.</li> <li>• For <u>Class B1 TB</u> - Perform a CXR, <u>regardless</u> of TST or IGRA results.</li> <li>• For <u>Class B2 or B3</u> – Perform a CXR if positive TST or IGRA.</li> <li>• Compare overseas to U.S. CXR and document the results.</li> </ul>
▪ Microscopy/ Bacteriology	<ul style="list-style-type: none"> <li>• If active TB disease cannot be ruled out by TST/IGRA and CXR, collect specimen/sputum for AFB smear and culture. Document results.  <b><i>Report suspected pulmonary or extrapulmonary TB disease to MDH within one working day. Call 651-201-5414. Do not wait for culture confirmation.</i></b></li> </ul>
▪ U.S. Review of Overseas Treatment	<ul style="list-style-type: none"> <li>• Record your interpretation of overseas TB treatment based on review of overseas documents and information provided by the patient.             <ul style="list-style-type: none"> <li>• C13-C15 refer to TB treatment recommended or administered during the most current overseas exam (by a panel physician) prior to departure.</li> <li>• C16 includes recent or <u>any</u> previous TB treatment.</li> </ul> </li> </ul>
<b>Section D</b> <b>Disposition</b>  ▪ Diagnosis	<ul style="list-style-type: none"> <li>• Record "disposition date" when the evaluation has concluded or you can not complete the evaluation for one of the reasons listed.             <ul style="list-style-type: none"> <li>• When the evaluation is complete, document whether or not treatment is recommended.</li> <li>• If unable to complete or initiate the evaluation, indicate the reason.</li> </ul> </li> <li>• Indicate diagnosis as described on the form.  <i>Leave D4 blank. For MDH use only.</i></li> </ul>
<b>Section E</b> <b>U.S. Treatment</b>	<ul style="list-style-type: none"> <li>• Check appropriate box for treatment and document start date.</li> <li>• Based on CDC treatment recommendations:             <ul style="list-style-type: none"> <li>• No treatment indicated for Classes 0 and 1.</li> <li>• Strongly consider treatment of Class 2 (LTBI) and Class 4 (old, healed TB) unless previously treated.</li> <li>• Class 3 (TB disease) patients should be treated using directly observed therapy (DOT); arranged through the local health department.</li> </ul> </li> <li><i>Leave E3-E4 blank – for MDH use only.</i></li> <li><i>MDH will track treatment completion data for those who start therapy.</i></li> </ul>
<b>Please mail or fax the form to:</b>	<b>Marge Higgins, MDH TB Program</b> <b>Freeman Office Building</b> <b>625 N. Robert St.</b> <b>P.O. Box 64975</b> <b>St. Paul, MN. 55164-0975</b> <div style="float: right; text-align: right;"> <b>Fax# 651-201-5500</b>   <b>Phone# 651-201-5414</b> </div>